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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/553,564 04/20/2000 PAT 6,648,838 which is a CIP of 09/416,160 10/11/1999 ABN

which is a CON of 09/023,038 02/13/1998 PAT 6,019,738

O.K. (TN)

**** FOREIGN APPLICATIONS *******

none (TN)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>Tamm</i> Initials				

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TITLE

Postural awareness apparatus

FILING FEE RECEIVED 514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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